

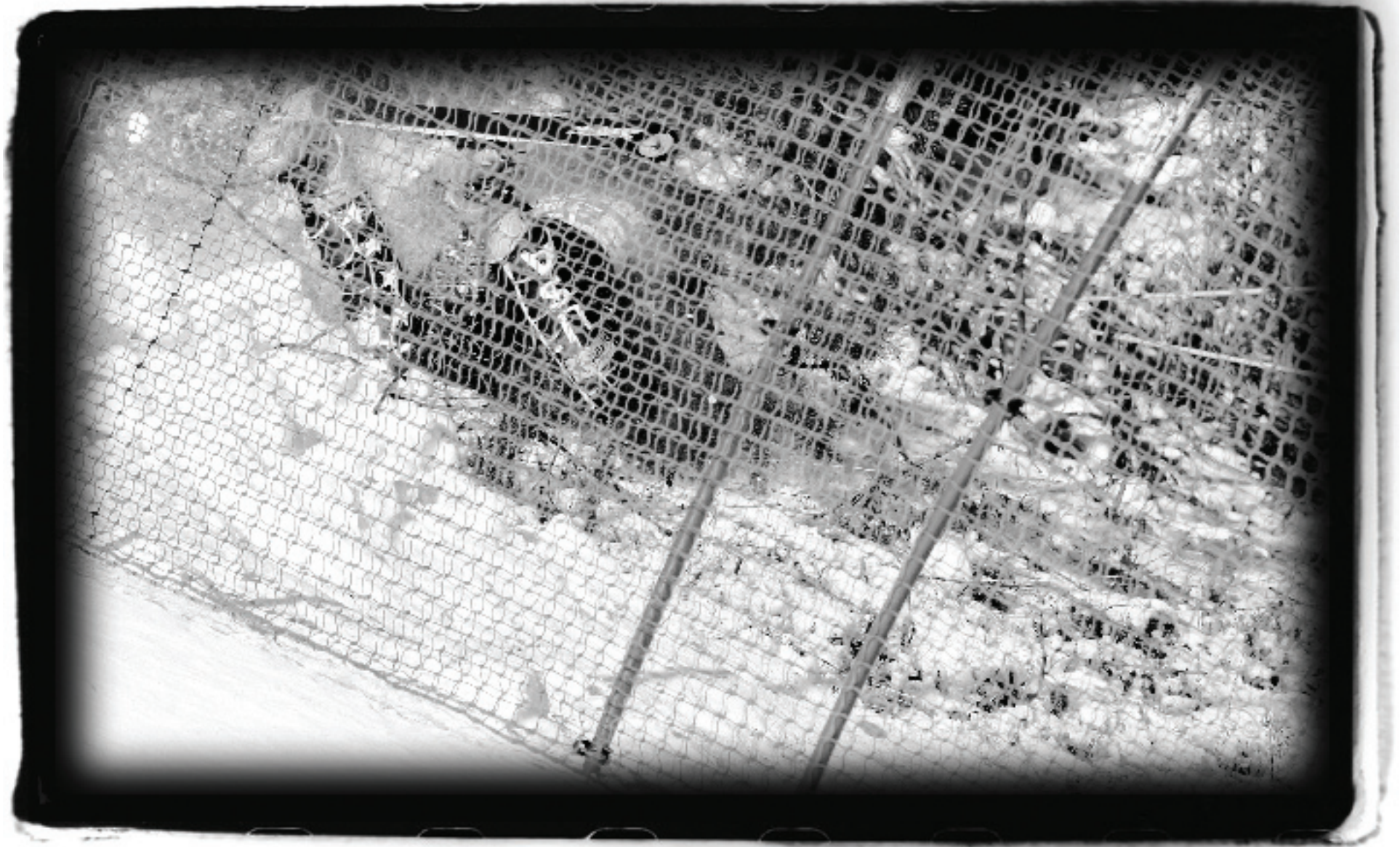


# Is There a Doctor in the Start House?

**Jumping into the medical pool for the U.S. Ski Team**

BY DANA TURVEY

**Ask a seasoned** ski racer about injuries, and the resulting list can chew up a good chunk of time. When athletes finally make it to the World Cup level, their bodies have endured falls and injuries that would make most of us rethink the mountain lifestyle.



**Down and out in Lienz, Austria.**



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**Marco Sullivan is able to keep smiling in part because of the USST medical pool.**

“I’ve had three major knee reconstructions, two separated shoulders, two fractured heels (at the same time), two concussions and a spattering of other broken thumbs and fingers — at least this is the list of injuries that I can recall,” quips Marco Sullivan while home in California recuperating from one of those head injuries.

Fortunately, there’s a vast team of medical professionals whose job is to alleviate those ongoing souvenirs from this week’s training crash or even last year’s ACL tear. Managed by USSA, the medical program is fairly simple in its layout, but complex in size. While each sport has a paid physical therapist or certified athletic trainer traveling with that team, at competitions they’re assisted by extra PTs and CATs from the medical pool. And it’s mandatory that each event also has a physician on hand.

To cover all the racers on the various alpine teams, plus nordic, snowboard and freestyle athletes, USSA has a roster of more than 120 physicians and physical therapists. And there’s one impressive detail: most members of this medical pool work on a volunteer basis.

Dr. Terry Orr has been with the pool since 1988 and is currently the head physician for the men’s alpine team. Over the years, Dr. Orr has traveled to Olympics at Torino, Salt Lake City and Vancouver; plus World Championships and World Cup races at spots such as Bormio, Soelden, Val d’Isere and St. Anton. But there’s little time to feel like a spectator.

“If one of our racers gets injured,” explains Dr. Orr from his Lake Tahoe home, “we have to get to him as soon as possible. We’re always on course so we can make our way quickly and be involved in triage. Since there are always other medical people

[like patrol], at the beginning we’re there mainly for oversight and assistance to ensure our athletes are being taken care of properly. We’re involved in the decisions on how he’ll be transported and whether it’s to a local or regional facility.”

At international venues, things can get a bit trickier when you throw in some language differences.

“Obviously, we’re not medically licensed in other countries, but we have a very good working relationship with the medical teams at most venues,” says Orr. “So very often we’ll assist in surgery or at least scrub in, but it’s quickly apparent when there’s a language barrier. We do have access to every evaluation or test done along the way, and we’re in place in part to be an advocate for our athletes.”

While the traveling physicians deal more with immediate injury, the physical therapist works with the athlete’s various ongoing problems. (According to USSA, knee injuries are common in all of its sports, with more upper-extremity and ankle injuries in snowboarding and head injuries seen in every discipline.) Christa Riepe recently retired after many seasons traveling with the men’s and women’s alpine ski teams.

“Day-to-day life varied, but let’s say a typical training day I was out on the hill for training, running the start — essentially the link between the coaches and the athletes — inside for lunch, and then treatments usually started,” she says. “I typically saw everyone almost every day, but it could be for 10 minutes for a quick stretch if nothing was wrong or an hour or more if we were working on a specific injury or maintenance issue.”

Riepe would also attend dryland training sessions and help out if there were athletes who couldn’t par-



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ticipate in that day's activity and would help come up with an alternative. "I was also a chauffeur driving them to and from the hill, to and from venues," Riepe says. "I traveled straight for seven years, home from April to July. I got to see some amazing places, but it was also difficult because I was still working, so I didn't always get to spend all the time I wanted to exploring. I love the Dolomites in Italy — Cortina, Val Gardena, Reinswald — and I'm also a huge fan of Austria. There was not a bad stop on tour, aside from maybe the Czech Republic — tough food there — but it was still interesting to see once."

A co-worker of Riepe was Chris Proctor, a PT from the volunteer pool who has worked with the men's alpine speed and men's and women's snowboard teams. "During the training runs and competition, the PT typically stands at the start to warm up or stretch the boys and provides motivation," he explains. "Also, the PT has a radio so they are the direct line of communication between the coaches and the athlete. Typically, an athlete who finishes can call up to the PT and talk with the next skier to give them pointers about the course."

After the last racer has finished on training days or competitions, the PT gathers up all the gear (jackets, boots, you name it) and the water bag and sideslips down, recalls Proctor. "This is usually the most dangerous part of the whole gig as the hill is injected and very icy — having about 75 pounds on your back makes for fun descents," he says.

In his 12 years with the U.S. Ski Team, Sullivan has worked with the traveling "physio" extensively. "For me, the trainer is useful for treating chronic back and knee injuries that have crept up on me as my career progresses," he says. "I probably get treatment once or twice a week just to maintain my body. Also, after es-

pecially strenuous training days I get what we call a leg flush, which is basically a glorified leg massage to help clear the lactic acid out of the muscles."

Sullivan, like many of his teammates in the speed disciplines, has also met more than his fair share of doctors in his race career. "The doctor is different each week as they all volunteer their time to come and help us on the World Cup," he says. "They're very useful and very necessary when any of the guys have a wreck and have to go the hospital. Medical procedures vary a lot in different countries, and having a doctor by your side gives the athlete so much more comfort when dealing with a serious injury."

Sullivan recalls one instance in St. Moritz when he badly separated his shoulder and the Swiss doctors wanted to immediately perform surgery. "My doctor said 'no way' and I ended up not having surgery at all and it healed on its own after a few weeks," says Sullivan. "My most recent injury was a concussion, and I was pretty out of it; we were in Italy and the facility where they had me was more like a loony bin than a hospital. Our doctor was able to arrange for me and another Canadian athlete to be flown to the hospital in Innsbruck, which is a world-class facility."

Dr. Orr offers some more insight to international venues. "At each World Cup, they have what's called an EAP — an emergency action plan," he says. "At the initial day of the event, the medical team meets with the host country and goes over the details of the EAP. In it are the particulars such as how far away the medical facilities are, what the local versus regional hospitals provide, and things like that. Systems are in place — some places better than others — with a pretty good standard of care. For our U.S. athletes, we're just trying to ensure the best level of care available." **SR**

**Terry Orr, right, models the Olympic Opening Ceremony uniform with Pete "Baby Huey" Lavin in 2010. But it's not all fun and games for the USST medical pools at events.**



**Christa Riepe recently retired after many years with the USST.**